



THE IN'S AND OUT'S OF KDE MONITORING

By:
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BACKGROUND OF KDE MONITORING

KDE started monitoring in 2011. The purpose of monitoring has been to provide complete oversight of the SBHS and SBAC programs.

KDE monitors every school district once every three years. Today, every participating school district has been monitored at least once.



BEST PRACTICES IN SUBMITTING MONITORING DOCUMENTS

- Make sure each claim is together and organized
- It is better to submit too much information than not enough
- Always double and triple check
- Always make copies of every document



BEST PRACTICES IN SUBMITTING MONITORING DOCUMENTS

Financial Documents

- Make sure KDE is able to clearly verify that federal funds are not being claimed
- Only the staff that are listed in the RMTS costs may be claimed
- The Finance Officer should be saving the MUNIS report used to calculate costs each quarter



EVALUATION CRITERIA

Is there an evaluation/assessment documenting IEP and medical necessity in the student record?
(10 points)

- Five points for Current Evaluation
- Five points for medical necessity in the evaluation



IEP CRITERIA

Does the IEP identify the type of service billed and is medical necessity included? (10 points)

- Five points for the billed service being included in the IEP
- Five points for medical necessity being in the IEP



DO YOU SEE MEDICAL NECESSITY FOR OT?

Communication Status

- ☐ Performance commensurate with similar age peers

██████████ presents with age-appropriate voice and fluency skills. He exhibits a mild delay in speech sound production and a moderate delay in language skills. This negatively impacts his ability to learn sounds for reading, understand directions in the classroom and express his thoughts and ideas to others.

Academic Performance

- ☒ Performance commensurate with similar age peers

Health, Vision, Hearing, Motor Abilities

- ☐ Not an area of concern at this time

Fine motor and perceptual motor skills were within normal limits. Weakness identified in sensory. Typical performance in low energy/ weak; probable performance in visual/ auditory sensitivity. Definite performance in tactile, taste, / smell, movement, under responsive/ seeks and auditory filtering. These weaknesses in sensory performance will negatively impact ██████████ ability to interact and learn in his environment.



DO YOU SEE MEDICAL NECESSITY FOR OT?

Health, Vision, Hearing, Motor Abilities

- ☐ Not an area of concern at this time

Based on Occupational Therapy Educational Re-Assessment, [REDACTED] demonstrates difficulty with buttons on jeans poor visual motor, and visual perceptual skills. It is recommended that [REDACTED] continue his occupational therapy weekly to address educational goals.

According to the Psychoeducational Assessment, medical data, [REDACTED] has a past medical history that includes seizures, left hemispheric lobectomy, and high fevers. Mother reported that student suffers from neonatal stroke leading to seizures activity. Currently he has been diagnosed with a seizure disorder. Mother reports that student suffers from "tunnel vision" (limited peripheral vision) due to left hemispheric lobectomy, left arm paralysis, ADHD and impulse disorder.



DO YOU SEE MEDICAL NECESSITY FOR SPEECH THERAPY?

Communication Status

- ☐ Performance commensurate with similar age peers

According to teacher observations and progress data [REDACTED] has made great progress in her ability to answer WH questions, and recite most nursery rhymes. [REDACTED] does continue to exhibit some weakness in the areas of repeating five word sentences and retelling a story.

Affect statement: [REDACTED] inability to recall information presented in a story or a lack of her inability to repeat information presented adversely affect her in her academic setting when recalling information is required particularly in the areas of reading, writing or orally presenting information.

Academic Performance

- ☒ Performance commensurate with similar age peers

Health, Vision, Hearing, Motor Abilities

- ☒ Not an area of concern at this time



DO YOU SEE MEDICAL NECESSITY FOR SPEECH THERAPY?

Communication Status

- ☐ Performance commensurate with similar age peers

██████ has age-appropriate voice and fluency skills. ██████ has several speech sound errors. She is able to repeat words with target sounds, but has difficulty when targets are placed in phrases or sentences. ██████ is mostly intelligible to familiar listeners. Language skills continue to be delayed both receptively and expressively. Ashley utilizes social language skills well but has difficulty answering yes/no and wh- questions and vocabulary skills are weak. Her ability to effectively use speech and language skills impedes her participation in classroom discussions and activities.

Health, Vision, Hearing, Motor Abilities

- ☐ Not an area of concern at this time

██████ has been diagnosed with Dandy Walker Syndrome. At this point she has been without a feeding tube for approximately 2 years and takes all of her food and drink orally. She is able to independently manipulate a walker for mobility along with arm crutches with minimal assistance. Ashley's fine motor and gross motor skills continue to be weak. She is allergic to mosquitoes and uses Avon skin so soft for protection. ██████ has made progress toward using the potty independently. ██████ has Tonic/Clonic Seizures. She takes Trileptal twice a day at home. School staff has been trained on how to administer Diastate if a seizure occurs at school and lasts longer than 3 minutes. 911 will be called. (Second dose to be administered if first dose does not work within 10 minutes) It will also be given for repeated shorter seizures. Eye dr. reported that seizure activity can cause some vision loss from time to time. Large print is used for her on most activities.

SERVICE LOG CRITERIA

- Key items every service log should contain
 - Start and end time
 - Date of Service
 - Duration of the service
 - The school district's name
 - The child's name
 - The therapists name and signature
 - Therapist notes about the service addressing IEP goals
 - Number in Group
 - If it's a makeup session, it should be marked make-up session



WHAT IS WRONG WITH THIS SERVICE LOG?

Student Name	<u>Stoddard, Becky</u>	Medicaid #: <u>1234567</u>
Professional Name:	<u>Senters, Lucy SLP</u>	Professional Modifier: <u>GO</u>
Supervising Professional	Professional Modifier:	
Diagnosis Code	<u>315.39</u>	Diagnosis: <u>Articulation Disorder</u>

Diag. Code	Date	Time In	Time Out	15 Min. Units	Procedure Code	Progress Notes (Short Description)	Group Therapy #	Profess. Initials	Supv. Initials
	7/23/2014	9:45	10:00	1	99199	(a) Production of /r/ increased from 65% accuracy during the last session to 90% accuracy during today's session. (b) Withdrawal of visual models resulted in a decrease in accurate production of single syllable words from 90% to 65%.	1	LS	
	7/30/2014	6:00	6:30	4	92508	Produced final consonants at sentence level with 85% accuracy during a structured activity. Produced /s/ in all positions during conversational speech with minimal auditory cueing.		LS	

This is to certify that services billed to Medicaid are included in the IEP and do not exceed units of services specified in the IEP.

Service Provider	Lucy Senters <u>Lucy Senters, SLP</u>	Title	<u>Speech Language Pathologist</u>	Date	<u>07/23/2013</u>
	(signature)				
Supervising Provider	Title		Date		

HELPFUL REMINDERS

- All direct service practitioners that are billing must be on the KDE's Approved Practitioner List
- Every direct service practitioner should be listed in the direct service staff pool list in the RMTS
- Keep a copy of MUNIS reports that were used to calculate costs for each quarter



THE APPEAL PROCESS

Schools have 15 days after the receipt of the report to submit an appeal for consideration

The Appeal Should Include:

- Student Name
- The Finding that is being Appealed
- Reason for the Appeal
- Attach Documentation for reconsideration



Any
Questions?



CONTACT INFORMATION

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